

RECEIVED  
CENTRAL FAX CENTER

OCT 25 2005

PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0851-0031


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/629,511	
	Filing Date	07/29/2003	
	First Named Inventor	JEPPESEN	
	Art Unit	3743	
	Examiner Name	Burnin	
Total Number of Pages in This Submission	2	Attorney Docket Number	6553-0501

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Response to Election/Restriction Requirement enclosed		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chabot & Associates		
Signature			
Printed name	Ralph D. Chabot		
Date	10/25/2005	Reg. No.	39,133

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Ralph D. Chabot	Date	10/25/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

Attorney Docket No: 6553-0501

OCT 25 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeppesen  
Serial No: 10/629,511  
Filed: 07-29-2003

Examiner: Bunin, A.  
Art Unit: 3743

Title: Method and Apparatus for Treating Obstructive Sleep Apnea Syndrome

RESPONSE TO ELECTION/RESTRICTION REQUIREMENT

VIA FAX: (571)273-8300

Commissioner of Patents and Trademarks  
PO Box 1450  
Alexandria, VA 22313-1450

SIR:

Applicant submits this response to the Examiner's Office Action of 10/19/2005.

Applicant provisionally elects Group III on which pending claims 18-23, 25, 28, 29, 31, 32-37, and claim 39 read.


With respect to election of species required by the Examiner related to generic claim 18, Applicant elects the species related to a PAP Tubing Retention Platform which is created via injection molding, upon which dependent claim 23 is readable.

With respect to election of species required by the Examiner related to generic claim 33, Applicant elects the species related to Transcutaneous Electrical Nerve Stimulation upon which dependent claim 36 is readable.

Election of the species is made without traverse.

Respectfully submitted,

Dated: October 25, 2005



Ralph D. Chabot, Reg. No. 39,133  
Attorney for Applicant